EPI-LOG

Communicable Disease and Epidemiology News
Published continuously since 1961
Edited by Sherry Lipsky, PA-C, MPH

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Epidemiology, Prevention Division
First Interstate Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4039

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IN THE SEPTEMBER 1999 ISSUE: VOL 39, NO. 9

- **Bioterrorism and Public Health: Will We Be Prepared?**
- **Resurgence of Bacterial STDs in Men who have Sex with Men**

Bioterrorism

The United States is unprepared to deal with a biological attack. Based on intelligence data, President Clinton launched a national effort in 1998 for biological weapons defense. Biological warfare is defined as the intentional use of microorganisms or toxins derived from living organisms to produce death or disease in humans, animals or plants. The potential for a bioterrorist attack in the U.S. and the general lack of national preparedness for such an event has led to the development of several federal initiatives over the past two years to increase the ability of local and state agencies to detect and respond to a bioterrorist attack. In particular, the Departments of Defense (DOD), Health and Human Services (HHS), and Centers for Disease Control and Prevention (CDC) have been working on various aspects of preparedness for bioterrorism. Both DOD and HHS have concentrated until now on the response to chemical weapons of mass destruction and coordination of the various agencies involved in community disaster response through tabletop exercises. HHS has funded the City of Seattle via the Seattle Fire Department (SFD) to develop a response capability focused on chemical agents which has resulted in the Seattle Metropolitan Medical Response System. This system includes a specially trained team of first responders within SFD that can evaluate and respond to hazardous materials events using specialized protocols and equipment.

In contrast to explosive, nuclear and chemical weapons of mass destruction, terrorism employing agents of biological warfare is primarily in the domain of public health agencies and not traditional first responder agencies. Accordingly, HHS has now shifted the focus of their activities to enhancing local public health preparedness and response for biological weapons. CDC, as the nation's lead public health agency, is coordinating public health preparedness activities for bioterrorism in several areas including basic emergency preparedness, surveillance and epidemiology, laboratory capacity, and information technology.

Major challenges involved in preparing for a potential bioterrorist event include recognition, diagnosis and management of persons exposed to agents of biowarfare, development and maintenance of surveillance systems for early detection of an event, development of first responder capacity to recognize and appropriately handle biologic agents and exposed persons, enhancement of laboratory capacity to identify and handle likely biowarfare agents, and rapid acquisition and distribution of tens of thousands of doses of antibiotic drugs and vaccines. Other important tasks include enhancing interagency coordination and communication (including police and fire first responders, FBI, state and local health, emergency management agencies, etc.), integration of bioterrorism preparedness plans with existing emergency management and disaster response plans (e.g. city, county, state, military), assessing and augmenting hospital and emergency treatment capacity, planning for disposition of casualties, anticipating law enforcement issues, and planning for communication with the media and the public.

In Seattle-King County, Public Health has begun preparedness planning for bioterrorism. We are collaborating with our colleagues at the SFD's Metropolitan Medical Response System, the Seattle Police Department and Seattle Emergency Management Section, the HHS Office of Emergency Preparedness, FBI, Washington State Department of Health (DOH), and others. Public Health - Seattle & King County (PHSKC), Spokane Health Department, and DOH will receive federal funds from CDC beginning this Fall to improve surveillance and epidemiologic capacity related to bioterrorism preparedness. In addition, PHSKC was funded to conduct syndromic sentinel surveillance for influenza-like illness in collaboration with emergency departments of three King County hospitals. Future issues of Epi-Log will describe in more detail specific components of bioterrorism preparedness in our community. In the interim, persons wishing to know more or participate in bioterrorism preparedness planning can call Jeffrey S. Duchin, M.D., Chief, Communicable Disease Control and Epidemiology at (206) 296-4774, or e-mail: jeff.duchin@metrokc.gov

STDS in MSM

Recent increases in bacterial STDs in men who have sex with men (MSM) in Seattle-King County strongly suggest that high-risk sexual behaviors have become more frequent. In an article published in the MMWR on September 10, 1999, the PHSKC STD Program described increases in the number of reported cases of syphilis, gonorrhea, and chlamydia among MSM between 1997 and 1999. Further, 75% of the men with syphilis and 18% of men with gonorrhea or chlamydial infection were infected also with HIV.

Overall, reported cases of infectious syphilis in King County increased from a single infection in a heterosexual man in 1996 to 46 cases during the first six months of 1999. The proportion of cases in MSM rose from 21% (4 of 19) in 1997 to 87% (40 of 46) in 1999
($p < 0.01$). The median age of MSM diagnosed as having syphilis was 35 years (range 19-56 years) and 70% were > 30 years old. Among men whose HIV status was known, 48 (72%) of 67 had previously diagnosed HIV infection and two men were found to be HIV

seropositive near the time that syphilis was diagnosed.

Laboratory-confirmed infections with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* increased among MSM attending the PHSKC STD Clinic from 1997 through June 1999. In addition, cases of anorectal gonorrhea in men reported by other providers increased from 6 in 1997 to 25 in 1998 to 13 during the first six months of 1999 (data on sexual orientation of cases reported by other providers is not available). The median age of MSM with gonorrhea or chlamydial infection at the STD Clinic was 32 years (range 20-53); 18% of these men were infected also with HIV.

Sexual partnerships were described by 63 (80%) of the 79 MSM diagnosed with infectious syphilis from 1997 through June 1999. During the six month interval prior to syphilis diagnosis when the disease was likely to have been acquired or transmitted, these 63 men acknowledged 740 sex partners, of whom 653 (88%) were met at anonymous venues such as bars, clubs, or bathhouses. At least one anonymous partner was reported by 50 (79%) of these 63 men (median 3 partners; range 1-100). Condoms were not used during many of these sexual encounters. MSM with gonorrhea or chlamydial infection acknowledged a mean of 3.5 sex partners during the two months prior to treatment; approximately 20% of these infections were apparently acquired from anonymous partners.

Based on cases reported during the first six months of 1999, the PHSKC projects that the annual incidence of infectious syphilis in King County will approximate 200 cases per 100,000 MSM. Among the estimated 10% of MSM who are HIV-infected, syphilis incidence will approximate 1,500 per 100,000 in 1999. The minimum estimated incidence of gonorrhea in MSM rose from 180 per 100,000 in 1997 to 430 and 420 per 100,000 in 1998 and 1999, respectively.

PHSKC, in cooperation with community partners and the medical community, is undertaking behavioral and ecologic studies to elucidate the determinants of the increase in bacterial STDs in MSM. Outreach activities in high-risk venues, targeted publications in the gay press, ongoing research studies (e.g., Project EXPLORE, a randomized trial of a behavioral intervention for HIV-negative MSM, and Project SHAPE for HIV-positive MSM), and community forums have been utilized to encourage MSM to follow safer sex recommendations and to be screened for STDs, including HIV. Health care providers are encouraged to offer STD screening tests to those MSM at risk, especially those who have had sex with anonymous partners. To report STD cases, please call (206) 731-3954.

BROADCAST FAX

PHSKC maintains a list of Seattle-King County health care providers who wish to receive urgent public health messages. If you would like to be added to our fax list, please call 206-296-4774 or fax 206-296-4803.

EPI-LOG ONLINE

You can find back issues of the Epi-Log at the PHSKC website: http:/www.metrokc.gov/health/ by clicking on “Provider Information” or “Publications” on the sidebar.

Report: (area code 206)

AIDS 296-4645
Communicable Disease 296-4774
STDs..... 731-3954
Tuberculosis 731-4579
24-hr CD Report Line..... 296-4782
24-hr CD Fax Line……..296-4803
After hours 682-7321

Hotlines:

CD Hotline 296-4949
HIV/STD Hotline……..205-STDS

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1999

	CASES REPORTED IN AUGUST		CASES REPORTED THROUGH AUGUST	
	1999	1998	1999	1998
VACCINE-PREVENTABLE DISEASES				
Mumps	0	1	1	2
Measles	0	0	1	0
Pertussis	15	13	396	111
Rubella	0	0	2	1
SEXUALLY TRANSMITTED DISEASES				
Syphilis	4	1	53	27
Gonorrhea	74	74	599	668
Chlamydial infections	344	289	2512	2326
Herpes, genital	44	51	443	462
Pelvic Inflammatory Disease	22	14	177	160
Syphilis, late	10	3	29	21
ENTERIC DISEASES				
Giardiasis	17	34	123	153
Salmonella	23	32	216	146
Shigellosis	4	14	39	58
Campylobacter	36	25	192	168
E.coli O157:H7	6	6	26	19
HEPATITIS				
Hepatitis A	20	13	114	337
Hepatitis B	6	2	26	40
Hepatitis C/non-A, non-B	1	0	4	2
AIDS	13	6	141	168
TUBERCULOSIS	10	10	65	75
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	0	0	1
Meningococcal disease	4	0	17	11